

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Virginia Archuleta</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Estate of Bernardo & Ida Archuleta c/o Virginia A. Archuleta, Personal Representative P.O. Box 11 Abiquiu, NM 87510</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>87510</p> <p>JUL 29 2016</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>7007 0710 0003 0183 7215</p> <p>02-02 01-01, 01-03</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

EXHIBIT 2

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Salome Chaff</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">Salome Chaff 1001 Sasman Dr. San Bruno, CA 94066</p>		B. Received by (Printed Name) <i>Salome Chaff</i> C. Date of Delivery <i>08-01-16</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from <i>s</i>)		7004 0750 0003 8818 0830 <i>05-04</i>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: <p style="text-align: center;">Consuelo Archuleta 47000 Shadow Mt. Dr. Apt #23 Palm Desert, CA 92260</p>		B. Received by (Printed Name) C. Date of Delivery <i>02-26</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7007 0710 0003 0183 7482 <i>05-04</i>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Benjamin Enrique Jaramillo
P.O. Box 743
Abiquiu, NM 87510

2. Article Number
(Transfer from sender)

7004 0750 0003 8818 0892

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY**A. Signature**X *Ben Jaramillo*

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)*Ben Jaramillo***C. Date of Delivery***7/29/16*
D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No
3. Service Type

- ☒
- Certified Mail
- ☐
- Express Mail
-
- ☐
- Registered
- ☒
- Return Receipt for Merchandise
-
- ☐
- Insured Mail
- ☐
- C.O.D.

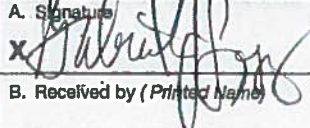
4. Restricted Delivery? (Extra Fee)☒ Yes*05-01*

Domestic Return Receipt

102595-02-M-1540

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">Elfido Audelio Lopez 517 N. Cambridge Gilbert, AZ 85233</p>		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
7007 0710 0003 0183 7253		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

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1. Article Addressed to: <p style="text-align: center;">Bernardo Archuleta P.O. Box 41 Abiquiu, NM 87510</p>		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
7007 0710 0003 0183 7505		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

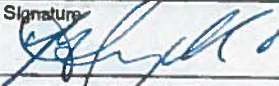
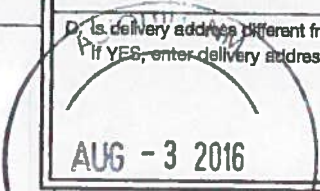
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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<p>1. Article Addressed to:</p> <p style="text-align: center;">Juan D. & Delia Lopez Trust c/o Gabe Lopez Trustee P.O. Box 32 Abiquiu, NM 87510</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from servit) <u>7004 0750 0003 8818 0908</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

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1. Article Addressed to: Michael Maestas P.O. Box 935 Espanola, NM 87532		B. Received by (Printed Name) <i>IVAN MAESTAS</i>	C. Date of Delivery <i>7-29-16</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service)		7007 0710 0003 0184 3452 <i>07-02</i>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <u>Ramon Maestas</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Ramon Maestas P.O. Box 935 Espanola, NM 87532</p>		<p>B. Received by (Printed Name) <u>EVAN MAESTAS</u></p>	<p>C. Date of Delivery <u>7-29-16</u></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service)</p>		<p><u>7007 0710 0003 0184 3469</u> <u>07-02</u></p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Sam Maestas P.O. Box 935 Española, NM 87532</p>		<p>B. Received by (Printed Name) <i>IVAN MAESTAS</i></p>	<p>C. Date of Delivery <i>7-29-16</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7007 0710 0003 0183 7437 <i>07-02</i></p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102585-02-M-1540	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Eloy Trujillo Rural Route 4, Box 220 Ohkay Owingeh, NM 87566</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Eloy Trujillo</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>005507332</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from)</p>		<p>7004 0750 0003 8818 0854</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	

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1. Article Addressed to: <p style="text-align: center;">Floyd Trujillo P.O. Box 165 Abiquiu, NM 87510</p>		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
			
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from)		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
		01-01 01-06	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Isabel W. Trujillo P.O. Box 187 Abiquiu, NM 87510</p>		<p>B. Received by (Printed Name) Isabel W. Trujillo</p> <p>C. Date of Delivery JUL 29 2015</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from serv)</p> <p>7004 0750 0003 8818 0915</p>		<p>01-01, 01-02, 02-01</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Virgil F. Trujillo P.O. Box 187 Abiquiu, NM 87510</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
		<p>Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; color: red;">JUL 29 2016</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Numt (Transfer from)</p>		<p>7004 0750 0003 8818 0922</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p>Agustin & Bernadita Vigil Estate c/o Laura Caffey 4801 Glenwood Hills NE Albuquerque, NM 87111</p>		<p>B. Received by (Printed Name) <i>Laura Caffey</i></p> <p>C. Date of Delivery <i>7/30/16</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>JUL 30 2016</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service)</p>		<p>7007 0710 0003 0183 7499</p> <p><i>05-02</i></p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Eduardo Vigil P.O. Box 671 Espanola, NM 87532</p>		<p>B. Received by (Printed Name) <u>EDUARDO J. VIGIL</u></p> <p>C. Date of Delivery <u>7-29-16</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from ser)</p>		<p>7007 0710 0003 0184 0017</p>	
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		102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Rochelle War 507 Camino Alborlera Española, NM 87532</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery <u>7-29-14</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>7007 0710 0003 0183 7451</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

07-01

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Veronica War P.O. Box 5063 Fairview, NM 87533</p>		<p>B. Received by (Printed Name) Veronica War</p>	<p>C. Date of Delivery AUG - 2 2004</p>
<p>2. Article Number (Transfer from service lab)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>7007 0710 0003 0183 7468</p>		<p>67-01</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540